

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/US 03/04765

International Application No.

(9,0203)

International Filing Date 14 FEB 2003

PCT INTERNATIONAL APPLICATION FORM

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) 181-037 PCT

Box No. I	TITLE OF INVENTION	
	CARD INTERMEDIATES	
Box No. II	APPLICANT	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		<input type="checkbox"/> This person is also inventor.
Polymeric Converting LLC 5 Old Depot Hill Road Enfield, CT 06082 US		Telephone No. Facsimile No. Teleprinter No.
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Box No. III	FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is:
Dronzek, Peter J. JR. 6 Poe Road Thornwood, NY 10594 US		<input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.		
Box No. IV	AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:		<input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)		Telephone No. (212) 302-8989
Costigan, James V. HEDMAN & COSTIGAN, P.C. 1185 Avenue of the Americas New York, NY 10036 US		Facsimile No. (212) 302-8998
		Teleprinter No.
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.		

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Gervais, Joseph R.
14 Gloucester Lane
N. Granby, CT 06060
US

This person is:

- ☐ applicant only
☒ applicant and inventor
☒ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

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☐ inventor only (If this check-box is marked, do not fill in below.)

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This person is:


- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 2 March 2002	60/361,266	US		
item (2)				
item (3)				
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1) -				
<small>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</small>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
ISA /		Date (day/month/year)	Number	Country (or regional Office)
Box No. VIII CHECK LIST; LANGUAGE OF FILING				
This international application contains the following number of sheets:		This international application is accompanied by the item(s) marked below:		
request	: 41	1. <input checked="" type="checkbox"/> fee calculation sheet		
description (excluding sequence listing part)	: 34	2. <input type="checkbox"/> separate signed power of attorney		
claims	: 15	3. <input type="checkbox"/> copy of general power of attorney; reference number, if any:		
abstract	: 1	4. <input type="checkbox"/> statement explaining lack of signature		
drawings	: 41	5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):		
sequence listing part of description	:	6. <input type="checkbox"/> translation of international application into (language):		
Total number of sheets	521 581	7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		
		8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form		
		9. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract:		Language of filing of the international application:		
Box No. IX SIGNATURE OF APPLICANT OR AGENT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).				
Polymeric Converting, LLC By:  Peter J. Bronzek, JR. Authorized Signatory				
For receiving Office use only (14.02.03)				
1. Date of actual receipt of the purported international application:		3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
4. Date of timely receipt of the required corrections under PCT Article 11(2):		5. International Searching Authority (if two or more are competent): ISA / US		
		6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.		
For International Bureau use only				
Date of receipt of the record copy by the International Bureau:				

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